



BECOME A MEMBER TODAY!

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ENROLLMENT FORM

FALL 2008

Ms. Mrs. Miss Mr. Dr.

Name: _____

Last

First

Local

Permanent Check if same as local

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Phone Number: () _____

Alternative Number: () _____

E-mail address: _____

Renewal **New**

Membership Directory: We print a membership directory for our members. If you DO NOT want us to print your contact information, please check here

PAYMENT METHOD (FULL PAYMENT MUST ACCOMPANY THIS FORM)

Cash/Personal Check (payable to "UC Regents")

Visa/MasterCard/Discover Card/AMEX _____ Exp. Date ____ / ____

Signature of Cardholder: _____
number

PLEASE CHECK

\$215 Annual Membership **\$110 Fall Quarter** **\$55 Monthly** **\$20 Master Class**

PARKING PERMIT

\$357 Annual **\$183 Quarter** **\$61 Monthly**

\$42 10-Day Occasional Use (one per quarter) **Total Charges: \$** _____

Parking call (858) 534-3409 for current pricing

Mail Form To: UC San Diego Extension, Dept. 0176-AA, 9500 Gilman Dr., La Jolla, CA 92093-0176

How did you hear about us? _____

See page 33 for Parking permit application.

Please continue on next page.

| | | | |
|-----------------------------------------------|--------------------------------------------|-------------------------------------|--|
| For office use only: | | | |
| Total amount: \$ _____ | Entered in DB <input type="checkbox"/> | Name Badge <input type="checkbox"/> | |
| Ordered Parking Pass <input type="checkbox"/> | Master Class List <input type="checkbox"/> | Initials _____ | |

2008-2009 OSHER INSTITUTE MEMBER INFORMATION (OPTIONAL)

Name _____ Contact Number: _____
Last First home or cell phone

Address _____
Number and Street City State Zip

Email address _____

Place of Birth _____

Education (Universities, Colleges, Technical Schools; please list degrees)

CAREER INFORMATION: Principal positions that comprised your working life, beginning with the last position you had before retirement.

_____ Date Retired _____

COMMUNITY INVOLVEMENT: Are you currently involved in any San Diego community associations or organizations? Have you been in the past? What organizations, and what was your level of involvement?

Do you have distinctive skills that you would like to contribute for the continued enrichment of the Osher Institute? Please specify.

Do you have any suggestions for programs that would interest you?

How did you learn about Osher Institute at UC San Diego, Extension?

I authorize the Osher Lifelong Learning Institute at UC San Diego, and its Executive Committee members or their designated representatives to have access to this information.

Signed: _____ Date: _____